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<b>AUTHORIZED UTILITY REP</b>	RESENTATIVE FOR	M FOR TELEC	OMMUNICATION:	SCARRIERS
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	view, TX 75601		Dept: 47/	
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	REGISTERED AGEN	NT INFORMATION		
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	ig Address: 2 Office Park Court, Suite 103			
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suant	to the Commission's rules and regulations, p	Thit of type company com	taction the following as	
suant		This or type company com	<u></u>	
	Larry A. Luna			
	Larry A. Luna General Manager (Include Address if different			
	Larry A. Luna	than above)		
	Larry A. Luna  General Manager (Include Address if different 903-323-4550 / Telephone Number / Facsimile Number	than above) //luna@ecllc.com		
A.	Larry A. Luna  General Manager (Include Address if different 903-323-4550 /	than above) //lluna@ecllc.com / E-mail Address ative (Include Address if c		
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E.	. <b>Test and Repair</b> (Include Address if different than above) 1-800-713-8188 / /			
		mile Number	/ E-mail Address	
F.	Emergencies (During Non-Office H 1-800-713-8188 /	lours)		
	Telephone Number / Facs	imile Number	/ E-mail Address	
In addit	tion, please provide the follow	ing company c	ontact information to assist in proper routing of	
corresp	pondence and invoices:			
	Derek Martin			
G.	Regulatory Officer (Include A	ddress if differer	it than above)	
	903-323-4900 /		/regulatory@networkip.net	
	Telephone Number / Facsi	mile Number	/ E-mail Address	
	Derek Martin			
H.	Dual Party Mailings (Name)	0 T.	75004	
		6 Longview, IX	75601	
	(Mailing Address)		the material Court and the most	
	903-323-4900 /		/regulatory@networkip.net	
	Telephone Number / Facsim N/A	ille Number	/ E-mail Address	
1.	Interim LEC Fund Mailings (Name)			
	(Mailing Address)			
	Derek Martin		/ E-mail Address	
J.	Universal Service Fund Mailings (Name) 119 West Tyler Street, Suite 286 Longview, TX 75601			
	(Mailing Address)	o Longview, IA	73001	
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	Telephone Number / Facsim	ile Number	/regulatory@networkip.net / E-mail Address	
	Derek Martin		/ E-mail Address	
K.	Gross Receipts Mailings (Name)			
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	Derek S. Martin		Aluelle	
	This form was completed by		Signature	
	Associate Regulatory Analyst		/03/12/2009	
	Title		Date	
RETURN	N COMPLETED FORM, TO:	Public Service Co		
		Post Office Drawe		
		Columbia, South		
		And	WILLIAM EVELL	
		Office of Regulat		
		Attn: Jeanne Go		
		1401 Main Street Columbia, South		